

account of modern views on "evolution and heredity" will find this little volume repay perusal.

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*Cyclothymia: the Cyclothymic Constitution and its Manifestations (Alternating States of Depression and Excitement) [La Cyclothymie: de la Constitution Cyclothymique et ses Manifestations; Dépression et Excitation Intermittentes].* By PIERRE-KAHN, with a Preface by M. G. DENY. Large 8vo. Paris: G. Steinheil, 1909. Pp. 252. Price 6 francs.

### I.

The most useful way of reviewing this interesting and original contribution to psychiatry will be, first, to give a literal translation of the author's own concluding summary of his views; secondly, to amplify from the body of the volume certain details of especial importance; and thirdly, to discuss the bearing of the doctrines enunciated upon the accepted English classification of mental disorders.

"From this study," writes the author (pp. 239-241), "we may draw the following conclusions :

"(1) There exists a psychopathic constitution, characterised by disorders of mood (*humeur*). These disorders, whether intermittent or circular, indicate an unstable mental equilibrium." This is the cyclothymic constitution (*θυμός*, soul, mind, mood; *κύκλος*, a circle).

"(2) In most cases this constitution is hereditary.

"(3) Its manifestations, which generally make their first appearance in adolescence, vary in degree; they may be slight, medium, or severe in intensity.

"(a) The slight manifestations are merely exaggerations of a condition which is almost normal. They seldom come under the observation of the medical man; they characterise persons commonly termed 'originals,' 'eccentrics,' etc.

"(b) The manifestations of medium intensity indicate the stage intermediate between mere originalities of character on the one hand and a true psychosis on the other. It is these manifestations to which the name of *cyclothymia* has been applied by previous writers.

"(c) The serious manifestations have been studied by certain authors under the name of 'periodic psychosis,' and by Kraepelin and his pupils under the name of 'manic-depressive insanity.'

"(4) The manifestations of cyclothymia, whether slight or severe, appear in the clinical form of states of excitement, states of depression, or mixed states. These last are characterised by the co-existence in different psychic domains of excitement and of depression, influencing functional activity simultaneously, but in opposite directions.

"(5) These manifestations are often separated one from another by what are termed 'free intervals.' But before we accept the view that during the free intervals the mind of the cyclothymic is in a state of normal equilibrium, we must subject the patient to a continuous and extremely minute examination of his daily life, for, owing to his temperamental instability, he is subject to variations which are barely dis-

cernible and will easily elude observation of an indirect, remote, or discontinuous character.

"(6) The pathogenic explanation of these manifestations must be sought, it seems, in a primary disorder of affectivity.

"(7) We must distinguish from cyclothymia periods of melancholia or excitement supervening on certain dyspepsias or diatheses (diabetes, dermatoses, herpetism, arthritis, uric acid diathesis, hepatic diathesis)—a distinction not always easy to draw in cases in which one of these diatheses co-exists with cyclothymia. This differential diagnosis is, however, one of importance in relation alike to treatment and to prognosis. For if the mental disorder is due solely to a simple metastasis in the course of some other diathetic disorder, it is the primary diathesis to which our treatment must be directed; and if our measures are judicious and prove successful there is a considerable likelihood that any recurrence of the mental disorder may be obviated. On the other hand, when we have to deal with a cyclothymic manifestation resulting from a constitutional mental taint, curative measures are practically powerless, and relapses may be regarded as almost inevitable.

"Finally, from the medico-legal standpoint, while the graver manifestations of the cyclothymic constitution cannot be overlooked by the expert, this is not true of the slighter manifestations. And yet the latter are no less important than the former—grave and slight alike are the intermittent symptoms of the same latent disequilibration of temperament.

"It has been the aim of this work to demonstrate the concatenation of diverse disorders, ranging from mere originality of character to unmistakeable and profound insanity. In considering all these as the manifestations, unequal in intensity, but identical in sign, of a single well-defined pathological constitution, we believe ourselves to have contributed to the nosological differentiation of certain forms of mental excitement and depression; and we think this is a matter of some importance in relation alike to prognosis, therapeutics, and forensic medicine."

## II.

In the preface Deny tells us that there is a congenital state of desequilibration in which very trifling disturbances, physical or mental, will upset the unstable equilibrium; or the balance may be deranged in the absence of any obvious exciting cause. The alternation of excitement and depression is *irregular*, i.e., the periods are not of definite duration, and for this reason (when we are speaking of the graver forms) the term "periodic psychosis" cannot suitably replace the term "manic-depressive psychosis." Moreover, to speak of "periodic mania" or "periodic melancholia" seems to imply the existence of "simple mania" and "simple melancholia"; and this, in the authors' opinion, is not the case, for, they contend, close observation will enable us to detect a *depressive* stage in mania, and contrariwise a stage of *excitement* in melancholia. It is fifty years since Morel pointed out that "mania and melancholia are symptoms of a single nervous affection, whose ætiological and pathological nature has still to

be determined." Pierre Janet is also quoted to the effect that "the old conceptions of intermittent insanity and of alternating or circular insanity are rejuvenated and transfigured by the theory of cyclothymia and of the manic-depressive psychosis." Finally, Deny refers to a paper read by Auglade three years ago at the Geneva Congress, in which we are assured that "the day approaches on which the simplest psychic neurasthenia and the most acute melancholia will be recognised as constituting merely different degrees of one and the same disorder." But it must not be supposed that the writers wish to make the conception of cyclothymia all-embracing, and thus to deprive it of any nosological value; they distinguish it sharply at the outset from neurasthenia and from hysteria. "Neurasthenia" (p. 12) "is a neurosis of exhaustion, in which the troubles are predominantly physical; hysteria is characterised above all by hypersuggestibility; cyclothymics, on the other hand, are neither exhausted nor suggestible."

In his account of the history of the term, the writer shows that cyclothymia was originally limited to denote the slight forms of manic-depressive insanity or of periodic psychosis. But gradually it has come to be employed in the wider sense of the constitution, the diathesis, underlying slighter and graver forms alike, and characterised by disequilibration of moral sensibility, taking the form, now of hypothyria (depression), now of hyperthyria (excitement); and the more closely these patients are examined, the more apparent will it become that "free intervals," or "lucid intervals," do not really exist—once the disorder is established (commonly at puberty) dysthymia is permanent. "On what," asks Pierre-Kahn (p. 29), "shall we base a distinction between cyclothymic states [of the more moderate degrees] and manic-depressive insanity. . . . The cyclothymic is aware of his own condition, he has no delirious ideas, and he is free from hallucinations.

. . . On the other hand, we may say that everyone who without motive, or with insufficient motive, exhibits alterations of mood, appearing and disappearing abruptly, is a cyclothymic. . . . It is not easy to fix a moment at which day passes into night, but the twilight separates them; and in the scala of psychic disorders, cyclothymic states intervene between mental health and manic-depressive insanity."

Clinically, we are told (p. 30), mania is commonly preceded by melancholia, excitement by depression. But it is incorrect to say (as is often said) that the mania is a "reaction" from the melancholia; both alike are symptoms of a disequilibration of temperament, of the paralysis of some natural regulator. Gaiety and sadness in the cyclothymic are, in fact, the two poles of a single psycho-pathological state. Such alternations of mood are incessant in the cyclothymic. When we speak of an "external cause" of an attack of hypothyria or hyperthyria, we refer merely to the production of an *amplified oscillation* of mood. In predisposed persons, infections often precipitate such amplified oscillations—malaria, typhoid, syphilis, or some other acute illness; the same is true of various intoxications, e.g., plumbism. The toxic conditions dependent on dyspepsia or constipation will also produce "attacks" in predisposed persons; trauma, especially head-injury, is a common exciting cause. In women (and women are more often cyclothymic than men in the ratio of four to

one), the disordered metabolism associated with menstruation, and still more with pregnancy, may cause cyclothymic outbursts. As regards menstruation, we have in the cyclothymic merely an exaggeration of the "moodiness" common in all women at the time of the menstrual flow. Puberty and the menopause are frequently characterised by cyclothymic manifestations, and are apt to be erroneously regarded as the essential, instead of merely the exciting, cause of these manifestations. Excesses of all kinds, especially those of the votaries of Bacchus and Venus, will disturb the precarious equilibrium of cyclothymic patients. There is a close relationship between alcoholism (in the form of "intermittent dipsomania") and cyclothymia; but it is not always easy to determine to what extent the drink-craving is the fruit of a prior cyclothymic disturbance, and to what extent the cyclothymic outburst is the consequence of the alcoholic intoxication.

Cyclothymic outbursts may or may not be signalised by prodromata. When these occur, they may be—(a) *physical*, in the form, for example, of visceral or vaso-motor disturbances; or (b) *moral*, as in the form of malicious misrepresentations of the character and conduct of the near relatives of the patient. Most commonly, however, the onset is sudden and without warning; whatever the *début*, it is the same for each crisis of the same kind in the same patient; and this constancy in the mode of onset is a remarkable character of cyclothymic manifestations.

The slightest forms of cyclothymia commonly remain untreated. The well-known "instability of genius" is usually a cyclothymic manifestation. (But cyclothymics are not *necessarily* geniuses; generally, indeed, they are quite mediocre persons.) The more severe cases (short of manic-depressive insanity) consult usually the neurologist rather than the alienist, and the cyclothymic melancholia is commonly diagnosed as "neurasthenia." It is because the alienist's experience of the cyclothymic constitution is almost confined to the gravest forms (periodic psychosis, manic-depressive insanity), that the description of the cyclothymic constitution has been so largely neglected in the literature of psychiatry.

In some cases the rhythm of the alternations between excitement and depression may be a very rapid one. Deny had under his observation a professor of music, who was always excited one day and depressed the next day: "On the days he is excited, expansive, he goes out all day, giving his lessons. . . . The following day he remains at home, profoundly depressed, commonly in bed all day. . . . The alteration is so perfectly regular that the days on which he will be able to give music-lessons can be fixed for months in advance." Another similar case is quoted; and yet another, in which the whole cycle, excitement, and depression, was completed every twenty-four hours. [The writer of this review had under his observation in Japan nearly fifteen years ago a man, æt. 70, with chronic arterial degeneration, and mental disorder during the last three or four years of his life. For the last two years there was the most marked diurnal periodicity, so that from 10 a.m. to 5 p.m. daily he was in a state of acute mania; while from 5 p.m. to 10 a.m. he was quite rational, but somewhat depressed. I have no detailed account of his earlier history. My notes merely say: "It appears from the history given by his wife that the patient has

never been a man with a very well-balanced mind . . . subject to violent fits of passion, and morbidly retiring." The family history is not intimately known to me, but I know that a first cousin of this patient (female) has been mentally disordered ; and a niece, now æt. about 50, was under my care last year, as a resident patient, first for acute mania, subsequently giving place to melancholia ; she has now returned home, still in a profoundly depressed state. The diurnal periodicity of the first case was entirely new in my experience ; and the work under review is the only one in which I have found mention of anything of the kind.]

The chapter on diagnosis needs no detailed consideration, since the most important differentiations of cyclothymia—from neurasthenia, characterised by predominantly physical symptoms of nervous exhaustion, and from hysteria, characterised by hypersuggestibility, have already been pointed out. But *some* of the cases described by Raymond and Janet as *psychasthenia* are regarded by the author as belonging rather to the category of cyclothymia. It remains, however, to allude to one profoundly important differentiation. In a recently published posthumous work by the greatest of American humourists (a popular manual of the determinist theory, and Mark Twain's solitary excursion in the realms of philosophy), we find a brief description of two opposed temperaments (*What is Man*, pp. 161–163) : "Burgess has always been buoyant, hopeful, happy ; Adams has always been cheerless, hopeless, despondent. . . . No political or religious belief can make Burgess unhappy or the other man happy. I assure you it is purely a matter of temperament. Beliefs are *acquirements*, temperaments are *born* ; beliefs are subject to change, nothing whatever can change temperament." As Pierre-Kahn points out (*Cyclothymie*, p. 145) : "Finally, we must not confound cyclothymics with those who are temperamentally excited or depressed, who remain always in a state of hyperthymia or of hypothymia, from which they never emerge." It is the *alternations* of mood that are characteristic of cyclothymia. But just as the contrasted temperaments above described are inborn, so also is it with cyclothymia ; this latter is a *hereditary instability of mood*. This thesis is illustrated by the writer by means of a number of striking family histories.

The first half of the book having dealt in detail with "Cyclothymic Manifestations," the second half is devoted to an account of the "Cyclothymic Constitution," of which those manifestations are the issue. In the chapter on the pathogeny of the condition, the author asks whether it is anything more than the exaggeration of a normal state ; whether an instability of mood does not exist even among those whose mental equilibrium is as stable as is possible to humanity ? The question is largely one of definition ; Nature makes no jumps ; and just as we proceed by insensible gradations from the less severe manifestations of cyclothymia to the grave forms of manic-depressive psychosis, so we proceed by insensible gradations in the inverse direction, till we reach those whose stability of mood is what we are accustomed to term "normal." But for practical purposes, the variations of mood of a "normal" person may be compared to those of a galvanometer in proper working order, in that they are proportional to the causes acting

on the emotional life; in the cyclothymic, on the other hand, the alternations of the affective life are altogether disproportionate to the exciting causes—like the readings of a galvanometer *falsified* by unknown external causes or by defects in its own internal mechanism. But whereas, in the case of such a galvanometer, we can have it corrected by the skilled electrician (or replace it by a new instrument), the cyclothymic has to make the best of his hereditarily defective affective sensibility. Hence it will be readily understood the author has not much to say regarding the treatment of the condition, and he concludes his brief chapter on this subject by saying, “the treatment of cyclothymia consists merely in the prevention of harmful results for the patient, or harmful social reactions on his environment, and the avoidance of all causes of auto-intoxication or hetero-intoxication.”

### III.

When I began this review, I had intended to discuss myself the bearing of the writer's ideas on the accepted English systems of classification of mental disorders (admittedly in need of revision). But, on the one hand, this article is already so long that I cannot now claim further space; and, on the other hand, having dealt with the theory of cyclothymia at such length, I have said enough, I hope, to enable those with far wider experience than my own to take up the discussion at the point at which I leave it. I will conclude, therefore, with reference to one further consideration only. In his *Insanity and Allied Neuroses* (latest edition, p. 37), Dr. Savage writes: “I would insist on my belief that only a certain number of persons are so constituted that they can become insane.” That aspect of the *aetiology* of insanity is exemplified all through the book I have been reviewing. “Cyclothymics,” in the writer's view, are one great group of the persons “so constituted that they can become insane.” The particular form that predisposition takes in their case is a tendency to peculiar alternations of the affective sensibility.

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## Part III.—Epitome of Current Literature.

### i. Physiological Psychology.

*Ambiguities in Primitive Words* [Ueber den Gegensinn der Urworte].  
(Jahrb. f. psycho-analyt. Forschung, 1910.) Freud, S.

This article is written in the form of a review, the subject being a work of Karl Abel, published in 1884. Freud's aim, however, is to show that Abel's philological researches serve to support certain portions of the former's psychology, which have been reached by an entirely different method of approach.

In his work upon the interpretation of dreams (*Die Traumdeutung*), in which dreams are regarded as distorted expressions of “unconscious” mental processes, Freud holds that diametrically opposite ideas often make use of the same symbol in order to present themselves to the